

Provider Self-Assessment

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new Federal HCBS Setting Rules that went into effect March 17, 2014. These federal guidelines were developed to ensure that members receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. For the purposes of this provider self-assessment, settings defined as institutions are: a nursing facility; institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital; or any location that have qualities of institutional setting.

The following self-assessment is the first step in the process to measure HCBS residential providers' current level of compliance with these HCBS Setting rules. Additional steps may include a member survey, request for documentation, and on site review. Failure to submit the provider self-assessment will result in an on-site review. There will be an opportunity for public input as the department continues to develop tools necessary to determine compliance.

CMS Regulatory Requirements:

- *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
- *The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)*
- *The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)*
- *The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)*
- *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)*

Instructions

Provider assessment process:

1. Providers of HCBS must complete one self-assessment for each license or setting that you own or lease.
2. The following self-assessment contains a set of questions designed to measure each provider's level of compliance with federal HCBS guidelines. The following sections include a series of Yes/No questions.

Section A – Provider Information

1. Setting Type (Assisted Living Facilities, Supported Living, Residential Habilitation, Group Homes, Vocational Services, Supported Employment, Adult Foster Care, Therapeutic Group Homes)
2. Name and Address of Setting
3. Current Number of Persons Served, regardless of funding source
4. Total Maximum census/capacity under this license, if applicable
5. Name and Title of Person(s) completing/involved in the assessment
6. Name of Agency

Section B – Integrated Setting and Community Access (Heightened Scrutiny)

Is the setting located in or attached to a building that is also a nursing home/facility or hospital?
Y/N

Is the setting located in a building on the grounds of, or immediately adjacent to, a public institution? The definition of public institution is a government owned/operated facility. Y/N

Is the setting or dwelling in a gated/secured 'community'? Y/N

Does your agency own or operate multiple settings located on the same street/block (excluding duplexes and multiplexes, unless there is more than one on the same street)? Y/N

Are the members who receive services in the setting exclusively people with disabilities? Y/N

If this is a residential setting, does the setting also offer onsite day services? Y/N or N/A

Are members required to receive medical, behavioral or therapy services on-site? Y/N

Section C - Community Integration

In addition to onsite activities, does the setting provide opportunities for members to participate in community events, activities and services? Y/N

Do you share information with members about community events and activities? Y/N

Can the member attend community activities and services when he/she chooses such as shopping, religious services, scheduled appointments, lunch with family and friends? Y/N

Are there restrictions around when members can come and go? Y/N

If yes, were the restrictions developed and agreed upon by members? Y/N

Section D – Housing Protection and Due process (This section applies only to residential settings)

Does the landlord tenant law apply in this setting? Y/N

If not, is there a written agreement that offers responsibilities/protections from eviction for members? Y/N

Section E – Living Arrangement (This section applies only to residential settings)

Does each setting have a door accessible only by key and/or locking device (key card)? Y/N

Does anyone, besides the member(s) and appropriate staff, have a key to the setting? Y/N

May the member lock the bathroom door for privacy? Y/N

May the member lock his/her bedroom door for privacy? Y/N

Does staff knock on the door and/or ring a doorbell for access to the member's private room(s)? Y/N

Is the setting arranged to ensure privacy during personal care? Y/N

Does the setting offer privacy to members while using telephone, internet or other personal communication devices? Y/N

Does this setting have single occupancy bedrooms? Y/N

Does this setting have double occupancy bedrooms? Y/N

Does this setting have larger than double occupancy bedrooms? Y/N

When sharing a bedroom, do the members have the ability to choose their roommate? Y/N

Are bedroom decorations and furniture arranged at the discretion of the member? Y/N

Do members set their own daily routines for things such as hygiene, care, recreation and meals? Y/N

Do members have full access to the home, including the:

- kitchen? Y/N
- dining area? Y/N
- laundry? Y/N
- common areas? Y/N
- snack area including microwave and refrigerator? Y/N

Do the members have choice of when AND what to eat? Y/N

Do members have a choice to eat alone or with others? Y/N

Section F – Rights

Do you provide staff and volunteers training and continuing education related to members' rights? Y/N

Do you provide members with information about his/her rights in plain language? Y/N

Do you provide members with a process to file a grievance if they believe their rights have been violated? Y/N

Section G: Accessible Environment

Is the setting physically accessible to the members? Y/N

For those members who need supports to move about the setting as they choose, are accommodations such as grab bars, seats in the bathroom, ramps for wheel chairs available in the setting? Y/N

Does the setting include barriers which limit access such as Velcro strips, locked doors or locked cupboards or refrigerators? Y/N

**** If you provide only residential services you are done with the survey******

Section H: Non-Residential Services (This section applies only to non-residential settings.)

When working, may members participate in deciding their work schedule? Y/N

When not doing paid work, may members participate in deciding their activity schedule? Y/N

Does the setting have a space for members to secure personal belongings? Y/N

Is the setting arranged to ensure privacy during personal care? Y/N

Do members have the opportunity to participate in tasks and activities matched to their skills and abilities? Y/N